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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Pulaski County Jail
Ullin, Illinois

April 12-16, 2021

COMPLIANCE INSPECTION
of the
PULASKI COUNTY JAIL
Ullin, Illinois

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Pulaski County Jail (PCJ) in Ullin, Illinois, from April 12 to 16, 2021.¹ The facility opened in 1997 and is owned and operated by Pulaski County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 1998 under the oversight of ERO’s Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A PCJ jail administrator handles daily facility operations and manages █ personnel. Pulaski County provides food services, VitalCore Health Strategies provides medical care, and Stellar provides commissary services at the facility. The National Commission on Correctional Health Care accredited the facility in February 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	122
Average ICE Detainee Population ³	█
Male Detainee Population (as of April 12, 2021)	█
Female Detainee Population (as of April 12, 2021)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 18 deficiencies in the following areas: Admission and Release (1); Custody Classification System (2); Funds and Personal Property (3); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (1); Use of Force and Restraints (3); Recreation (2); Telephone Access (1); Visitation (1); and Grievance System (3).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high-security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of April 12, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	11
Sub-Total	12
Part 2 – Security	
Admission and Release	2
Custody Classification System	2
Facility Security and Control	3
Funds and Personal Property	4
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	13
Part 4 – Care	
Food Service	2
Hunger Strikes	1
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	3
Disability Identification, Assessment, and Accommodation	0
Sub-Total	8
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	33

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Several detainees stated the facility is not serving diet food and the food labeled as diet food is the same food as the non-diet food.

- Action Taken: ODO spoke with the food service supervisor who stated the only difference between the regular meal and the diet meal is portion size. Because the food service staff serves no beef or pork in the facility, the chicken or turkey served is for both regular and diet menu. A registered dietician certified the facility's diet menus.

Medical Care: One detainee stated he received his first COVID-19 vaccination (Pfizer) from another facility before he transferred to the Pulaski County Jail. Upon arrival, he requested to receive the second vaccine for Pfizer; however, the medical staff informed him that only the Johnson & Johnson vaccine is available at the facility and that the Pfizer vaccine is not an option. He also stated it had been a month since receiving the first vaccination and he was worried about his health, regarding the second vaccination.

- Action Taken: ODO interviewed the health services administrator (HSA) and found the detainee arrived at the facility on April 3, 2021 and had previously received his first dose of the Pfizer vaccine on March 10, 2021. The local health department managed the vaccination program at the facility and only had supplies of the Johnson and Johnson vaccine. The HSA and local health department personnel researched the CDC guidance and learned there was up to a 42-day window between the two Pfizer vaccine doses. The HSA contacted a neighboring county's health department that had the Pfizer vaccine and coordinated to take the detainee to that county's health department to receive his second dose of the Pfizer vaccine on April 15, 2021, within 42 days of his first dose.

Law Library and Legal Material: One detainee stated the facility is not following the posted schedule for the law library. Specifically, they are supposed to be able to use the law library every day for 1 hour, but the facility allows them to use it every 3 days for 1 hour.

- Action Taken: ODO spoke with the facility's assigned deportation officer who stated, after checking the grievance logs and ICE requests, the detainee did not have any official requests to use the law library. Additionally, a review of the law library log indicated the detainee used the law library for an hour per visit on the following dates: March 11, 2021; March 25, 2021; and April 15, 2021. The deportation officer was unable to locate documentation that would support the detainee's claim the facility denied him access to the law library. Per ODO's request, the deportation officer provided the detainee additional instructions on the facility's law library procedures and how to request access to the library.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the emergency plans and found no guidance for the command post to open a conference-call line to ERO Chicago nor ERO Headquarters Detention Management (**Deficiency EP-41⁶**).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility security and control captain, reviewed the housekeeping plan, and confirmed daily damp-dusting of horizontal surfaces with a germicidal solution was not addressed in the facility's EHS policy nor performed (**Deficiency EHS-13⁷**).

ODO interviewed the facility security and control captain, reviewed the housekeeping plan, and found windows, window frames, and windowsills were not cleaned on a weekly schedule (**Deficiency EHS-14⁸**).

ODO interviewed the facility security and control captain, reviewed the housekeeping plan, and found furniture and fixtures were not cleaned daily (**Deficiency EHS-15⁹**).

ODO interviewed the facility's food service supervisor, reviewed a spray bottle label of degreaser in the food service department, which required the user to wear chemical gloves and goggles when used, and found the required personal protective equipment was not available (**Deficiency EHS-36¹⁰**).

ODO interviewed the facility's food service supervisor and found the food service department used a degreaser that could cause eye injuries but posted no eye-hazard warning signs in the department (**Deficiency EHS-37¹¹**).

ODO reviewed the facility medical department's sanitation plan and found no requirements for

⁶ "The activated command post shall immediately open the conference-call line to the Field Office and ERO headquarters Detention Management, and the Response Coordination Divisions, if applicable. The Field Office Director or headquarters divisions may wait until the dimensions of the unfolding incident are known before deciding to activate their command posts." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(2)(c).

⁷ "All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution used according to the manufacturer's directions." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3)(a).

⁸ "Windows, window frames and windowsills shall be cleaned on a weekly schedule." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3)(b).

⁹ "Furniture and fixtures shall be cleaned daily." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3)(c).

¹⁰ "Protective eye, face, and other appropriate equipment (such as footwear, gloves, gowns, and/or aprons) is required where there is a reasonable probability of injury preventable by such equipment." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(a).

¹¹ "Areas of the facility where such injuries can occur shall be conspicuously marked with eye-hazard warning signs." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(a).

regularly scheduled cleaning of windows, window frames, and windowsills (**Deficiency EHS-162**¹²).

ODO reviewed the facility medical department's sanitation plan and found no requirements for furniture and fixtures to be cleaned daily (**Deficiency EHS-163**¹³).

ODO reviewed the facility's posted barber shop sanitation sign and found it did not contain detailed hair care sanitation regulations (**Deficiency EHS-213**¹⁴).

ODO reviewed the posted regulations in the barber shop and found the regulations did not prohibit the reuse of cotton pads, absorbent cotton, and other single or dispensable toilet articles, nor did they require the items to be placed in a proper receptacle immediately after use (**Deficiency EHS-214**¹⁵).

ODO reviewed the posted regulations in the barber shop and found the regulations did not prohibit the use of brushes, neck dusters, shaving mugs, and shaving brushes (**Deficiency EHS-215**¹⁶).

ODO interviewed the facility security and control captain, reviewed posted regulations in the barber shop, and found there was no documentation nor procedure prohibiting service to a detainee infected with head lice (**Deficiency EHS-217**¹⁷).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the facility's assigned deportation officer and found ERO Chicago did not approve the facility's orientation procedures in advance (**Deficiency AR-61**¹⁸).

Corrective Action: The facility's assigned deportation officer provided ODO with a memorandum from ERO Chicago, dated April 15, 2021, that approved the facility's orientation procedures (**C-1**).

¹² "Windows, window frames and windowsills shall be cleaned on a regular schedule, but do not require daily cleaning." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(6)(1)(b).

¹³ "Furniture and fixtures shall be cleaned daily." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(6)(1)(c).

¹⁴ "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

¹⁵ "Cotton pads, absorbent cotton and other single or dispensable toilet articles may not be reused and shall be placed in a proper waste receptacle immediately after use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

¹⁶ "The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

¹⁷ "Barbers or beauticians shall not provide service to any detainee when the skin of the detainee's face, neck or scalp is inflamed, or when there is scaling, pus or other skin eruptions, unless service of such detainee is performed in accordance with the specific authorization of the chief medical officer. No person who is infested with head lice shall be served." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(5).

¹⁸ "Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

ODO reviewed two detainee detention files for detainees who the facility released with funds and found both files did not have documentation of receipt of funds. The facility did not use the Property-Receipt Form (Form G-589) since it used an automated system. According to the shift lieutenant, each detainee signed a receipt acknowledging receipt of funds, but the facility did not retain the receipt nor place the receipt in the detainees' file. The shift lieutenant informed ODO it was not the facility's policy to retain a signed receipt (**Deficiency AR-98¹⁹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS policy 10.01, the facility's detainee handbook, interviewed the classification lieutenant, and found the facility did not assign a color code nor other system to identify a detainee's classification level on sight. The facility issued an identification card to each detainee in which the classification level is listed but the classification level is not visible nor immediately recognizable (**Deficiency CCS-30²⁰**).

ODO reviewed the facility's detainee handbook and found it did not include the conditions nor restrictions applicable to each classification level (**Deficiency CCS-66²¹**). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the facility's captain and found the main gate/front entrance officer does not maintain a separate file of Contract Employee Forms (Form G-74) or equivalent, laminated with photograph, issue date, expiration date, and the facility administrator's signature (**Deficiency FSC-31²²**).

ODO interviewed the facility's captain and found the main gate/front entrance officer checks the driver's license and passenger identification; however, proof of insurance for the vehicle is not checked for validity prior to admitting the vehicle (**Deficiency FSC-57²³**).

ODO interviewed the facility's captain and found the post officer logs the following information

¹⁹ "The processing officer shall compare the blue and pink copies of the Form G-589 with the white copy presented by the detainee. If the detainee's documentation is in order, the officer shall return the detainee's funds and secure the detainee's signature, confirming receipt of the inventoried property on the blue copy of the G-589. The facility shall retain all three copies (blue, pink and white) of the closed-out G-589 in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(11).

²⁰ "Upon completion of the classification process, at facilities where applicable, staff shall assign individual detainee's color-coded uniforms, wristbands, or other means of custody identification." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

²¹ "The ICE Detainee Handbook standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(K).

²² "The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees. However, the main gate/front entrance officer shall maintain a separate file of contract employee Forms G-74, or equivalent, laminated, with photograph, issue date, expiration date (if applicable), and the facility administrator's signature." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(5).

²³ "The officer shall check the driver's license of the driver entering into the facility, regardless of purpose (e.g., visit, delivery), and may require proof of insurance, especially for vehicles to be driven on the grounds. The officer will also check the identification of every passenger in the vehicle. The officer may admit the vehicle only if the license and insurance are valid." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

regarding a vehicle: license number, make, model, year, and color of vehicle. However, the post officer does not log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site (**Deficiency FSC-59²⁴**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the procedures for filing a claim regarding lost or damaged property (**Deficiency FPP-19²⁵**). **This is a repeat deficiency.**

ODO reviewed photographs of storage space in the housing areas, interviewed the shift lieutenant, and found the housing areas did not have lockers or other securable space for storing authorized personal property. Metal drawers were attached to the beds, and plastic containers were available for excess property; however, neither had the ability to be secured (**Deficiency FPP-40²⁶**). **This is a repeat deficiency.**

ODO reviewed six monthly property audits and found in six out of six audits the funds and personal property staff did not indicate the time they conducted the audit (**Deficiency FPP-124²⁷**).

ODO reviewed two detainee detention files for detainees the facility released with funds and found both files did not have documentation of the detainees signing for receipt of funds (**Deficiency FPP-135²⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 11 special housing unit records and found in 11 out of 11 records the officers who conducted the activity did not print their name nor sign the record. Instead, the officers initialed the records (**Deficiency SMU-99²⁹**).

²⁴ "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).

²⁵ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

5. the procedure for filing a claim for lost or damaged property."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(5).

²⁶ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall be proportional to the number of detainees assigned to that housing area." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

²⁷ "Both on-coming, and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

²⁸ "After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue/second copy of the G-589 Form or equivalent, indicating his/her receipt of all funds and personal property due him/her." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

²⁹ "The special housing unit officer shall immediately record:

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the facility's captain, reviewed facility policies/post orders, and found the facility did not maintain a written record of routine and emergency distribution of security equipment and specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates (**Deficiency UOFR-51**³⁰).

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's food service supervisor, reviewed photographs of sack lunch contents, and found the sack lunches did not contain one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon provided (**Deficiency FS-287**³¹).

ODO interviewed the facility's food service supervisor, reviewed a spray bottle used for [REDACTED] requiring use of chemical gloves and chemical splash goggles, and found no available stock of gloves and goggles and no posting of eye-hazard warning signs in the food service department (**Deficiency FS-400**³²).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] staff training files, [REDACTED] non-medical and [REDACTED] medical staff, and found [REDACTED] medical staff training files did not have documentation of annual training to recognize the signs of a hunger strike, the implementation of the procedures for referral of medical assessment, and for management of a detainee on a hunger strike (**Deficiency HS-1**³³).

MEDICAL CARE (MC)

ODO interviewed the HSA and the maintenance supervisor, reviewed the facility's written emergency services plan, and found the emergency services plan does not include the maintenance

3) the officer that conducts the activity shall print his/her name and sign the record.”

See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

³⁰ “Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates.” See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(G)(2).

³¹ “For any detainee who shall be transported by the ICE Air Operations (IAO), the sack lunch must comply with IAO criteria.

In addition, each sack shall include:

1) one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon.”

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(I)(6)(c)(1).

³² “Protective eye and face equipment shall be used, as appropriate, to avert risk of injury. Dangerous areas presenting such risks shall be conspicuously marked with eye-hazard warning signs.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(c)(2).

³³ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

of the automatic external defibrillator (AED) nor the accessibility of the AED to the staff (**Deficiency MC-193**³⁴).

ODO interviewed the HSA and the maintenance supervisor and found the facility's AED was not tested and checked on a regular basis according to the manufacturer's recommendations; and therefore, made it unavailable to medical staff (**Deficiency MC-201**³⁵).

Corrective Action: Effective April 16, 2021, the HSA added daily AED maintenance checks, per the manufacturer's recommendation, to the same log that documented daily checks of the facility's trauma bag. The AED and trauma bag are stored together in the medical clinic and all medical staff received training on AED maintenance checks (**C-2**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO interviewed the HSA and found the facility did not have a multidisciplinary suicide prevention committee (**Deficiency SSHSPI-3**³⁶).

ODO interviewed the HSA and found the facility did not have a multidisciplinary suicide prevention committee; and therefore, the committee could not meet on a quarterly basis (**Deficiency SSHSPI-4**³⁷).

ODO reviewed ■ staff training files, ■ non-medical staff and ■ medical staff, and found ■ of ■ medical staff training files did not have documentation of annual, comprehensive suicide prevention training (**Deficiency SSHSPI-8**³⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 33 deficiencies in the remaining 12 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where the facility's staff

³⁴ "Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility's CMA or the HSA, and must include the following: ...

c. an automatic external defibrillator (AED) shall be maintained for use at each facility and accessible to staff"

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(T)(1)(c).

³⁵ "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(T)(4).

³⁶ "Each detention facility shall have a written suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that shall be reviewed and approved by the clinical medical authority (CMA), approved and signed by the health services administrator (HSA) and facility administrator, and reviewed annually." See ICE PBNDS 2011 (Revised 2016), Significant Self-Harm and Suicide Prevention and Intervention, Section (V).

³⁷ "The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training." See ICE PBNDS 2011 (Revised 2016), Significant Self-Harm and Suicide Prevention and Intervention, Section (V).

³⁸ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A).

initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNS 2011) (Revised 2016)	FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	10	12
Overall Number of Deficiencies	18	33
Repeat Deficiencies	2	3
Areas of Concern	0	0
Corrective Actions	0	2